

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000022560

AND
FILED

03 JAN 15 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022560
Name and Mailing Address

0000927 01 FP 0.352 **PRSR T3 0 0615 32819-518882
JFR METRO, LLC
7582 WEST SAND LAKE ROAD
ORLANDO FL 32819-5188

700010099877
01/15/03--01008--004 **200.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/26/2001	
Principal Place of Business 7582 WEST SAND LAKE ROAD ORLANDO FL 32819	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0462280	Applied For Not Applicable
8. Name and Address of Current Registered Agent WHITE, ROBERT B JR ESQ 558 WEST NEW ENGLAND AVE., STE. 240 WINTER PARK FL 32789		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: [Signature] Date: _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MAALI, JESSE	5182 ISLEWORTH COUNTRY CLUB DR.	WINDERMERE FL 34788
REINSTATEMENT 1002-2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [Signature] Date: 1-10-03 Daytime Phone #: 407-345-9200
Typed or printed name of signing Managing Member/Manager